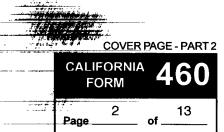
The second secon	Accomplished at the state of the	<u>• </u>	distribution of the street of	
Pacinient Committee	The state of the s			COVER PAGE
Recipient Committee	Type or print in	ink.	Date Stamp	CALIFORNIA 4 0 0
Campaign Statement		***************************************		CALIFORNIA 460
Cover Page				FORM TOO
		-		
(Government Code Sections 84200-84216.5)		<u> </u>	City of Brentwoo	1 13
	Statement covers period	Date of election if applicable:	City of Dicitwo(O Page of
•	10/1/12	(Month, Day, Year)		For Official Use Only
	from	(OCT 25 2012	To Omolar ose Omy
			OC F Z S ZUIZ	
	10/20/12	11/6/12		
SEE INSTRUCTIONS ON REVERSE	through		City Claul-	
			City Clerk	
1. Type of Recipient Committee: All Committees -	Complete Parts 1 2 2 and 4	2. Type of Statement:		
1. Type of Necipient Committee. All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement.	- 	
Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	✓ Preelection Statement	□ Ou	arterly Statement
State Candidate Election Committee	Committee	Semi-annual Statement		
○ Recali	O Controlled		'	ecial Odd-Year Report
(Also Complete Part 5)	•	☐ Termination Statement	∏ Sui	oplemental Preelection
(Also complete Fall 5)	○ Sponsored	(Also file a Form 410 T	[ermination) Sta	tement - Attach Form 495
Canaral Burness Committee	(Also Complete Part 6)	☐ Amendment (Explain b		
General Purpose Committee	Primarily Formad Candidata/		Delow)	
○ Sponsored · · · · · · · · □	Primarily Formed Candidate/			
 Small Contributor Committee 	Officeholder Committee			
Political Party/Central Committee	(Also Complete Part 7)			
2. O	I.D. NUMBER	_ / \		
3. Committee Information	I.D. NUMBER 1290210	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	EL	NAME OF TREASURER		
Erick Stonebarger for City Council 2012	,			
Elick Stonebarger for City Council 2012		Janna Stonebarger		
		MAILING ADDRESS		
		WALLING ADDITEGO		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
		Brentwood	CA 945	
			OA 940	13
	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
Brentwood CA 945	513			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C	. BOX	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	OTATE 315	0000
CITY SIMIE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHÔNE
OPTIONAL: FAX / E-MAIL ADDRESS				
4. Verification				
I have used all reasonable diligence in preparing and review	ring this statement and to the best of my kn	owledge the information contained he	rein and in the attached sched	ules is true and complete. I certify
under penalty of perjury under the laws of the State of Califo	rnia that the foregoing is true and correct.			,
10/24/12				
Executed on	Ву			•
Date Date	Бу —		i nasurer	
10/24/12				
Executed on	Ву			·
Date	Signature or Co	ortholling Officerloider, Carididate, State Measure Pro	ponent or Responsible Officer of Sponsor	•
Eventual en	_			
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	state Measure Proponent	
		gg on controlling of the total particulate, o		
Executed on	Ву			
Date	-, 	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2





Officeholder or Candidate Controlled Committee	ee	6.	Primarily Formed Balle	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Erick Stonebarger			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
City Council- City of Brentwood			Tarica			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY Brentwoo	STATE ZIP d CA 94513		Identify the controlling off	iceholder, ca	ndidate, or state meas	ure proponent, if any
	-		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PE	ROPONENT	
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candit	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	D. NUMBER	7	Primarily Formed Can	didate/∩ffid	caholder Committee) List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s	s) for which the	is committee is primarily	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP COI	E AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	•		****		<u> </u>	
CITY STATE ZIP COL		. =	Atta	ch continuati	on sheets if necessary	
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Campaign Disclosure Statement Summary Page

Type of print in ink.
Amounts may be rounded

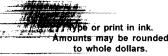


SUMMARY PAGE

Stateme	ent covers period 10/1/12	CALIFORNIA 460	
through	10/20/12	3 13 Page of	-
		I.D. NUMBER 1290210	

Summary Page	to-whole-dollars.	from	10/1/12	FORM	460
SEE INSTRUCTIONS ON REVERSE	The second of th	through _	10/20/12	Page o	13 f
IAME OF FILER Erick Stonebarger for City Council 2012	• •			1.D. NUMBER 1290210	

Contributions Received	COLUMN A. TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions	\$ -100.00	\$	-100.00	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	2069.00	\$	2069.00	20. Contributions 0 \$ 2169.00 Received \$ 0 4285.55
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Expenditures Made 6. Payments Made Schedule E, Line 4	202.26	\$ 	4285.55	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 0 323.36 0 0 323.36	\$	4285.55 0 0 4285.55	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	554.57 2069.00 0.00 323.36 2300.21	am cor froi rep Co figu sub	calculate Column B, add ounts in Column A to the responding amounts in Column B of your last ort. Some amounts in lumn A may be negative ures that should be obtracted from previous incompants. If this is	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	\$ 0	for car	first report being filed this calendar year, only ry over the amounts m Lines 2, 7, and 9 (if	· · · · · · · · · · · · · · · · · · ·
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0			FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772







Schedule A Monetary Contributions Received		Lay and Trype	or print in ink. s may be rounded	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SCHEDIA		
			s may be rounded whole dollars.	Statement covers period		CALIFORNIA 460		
	/ ** *** ·		**	from10/		FORM 400		
SEE INSTRUCTION	ONS ON REVERSE	Marine Services	onesa.	through		Page of		
NAME OF FILER						I.D. NUMBER		
Erick Stor	nebarger for City Council 2012			¥		1290210		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	YEAR TO DATE		
10/18/12	California Real Estate Political Action Committee Los Angeles, CA 90020 EPPC ID # 800106	☐IND ☐COM ☐OTH ☐PTY ☐SCC		\$1,000.00	\$1,000	.00 \$1,000.00		
10/19/12	New Urban Communities/Sciortino, LLC Concord, CA 94520	□IND □COM ØOTH □PTY □SCC		\$500.00	\$500	.00 \$500.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 1500.00				
Schedule	A Summary				↑ Cor	ntributor Codes		
1. Amount r	eceived this period – itemized monetary contributions.	*****	\$	1500.00		Individual I - Recipient Committee		
,	eceived this period – unitemized monetary contribution			669.00		(other than PTY or SCC) I – Other (e.g., business entity) – Political Party		
3. Total mon	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Cotu			2169.00		- Small Contributor Committee		

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	69 /-		All space	Mana.				
Schedule B – Part 1 Loans Received		Type or print his ounts may be re to whole della	ounded	-	Statement cov	ers period /1/12	CALIFORN FORM	IA 46
SEE INSTRUCTIONS ON REVERSE					through	120112	Page5	of
NAME OF FILER Erick Stonebarger for City Council 2012		w - si	·····				1.D. NUMBER 1290210	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATI CONTRIBUT TO DATE
Janna Stonebarger, Erick Stonebarger L. Brentwood, CA 94513	Mariani-Stonebarger LLC	100.00	0	PAID 100.00 FORGIVEN	0 \$0	%	s100.00	\$ PERELECTI
TIND □ COM □ OTH □ PTY □ SCC		\$	*	s	12/31/12 DATE DUE	\$	1/19/10 DATE INCURRED	s
				\$FORGIVEN	s	RATE %	s	\$PER ELECTI
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$FORGIVEN	s		\$	\$PERELECT
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS S	0	\$ 100.0)O \$	\$		1. 3 1 2 s
Schedule B Summary 1. Loans received this period				\$	0	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loan Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	0 paid or forgiven.)		······································	. <u></u> \$_	100.00	d	Contributor Codes ND – Individual COM – Recipient Co (other than DTH – Other (e.g., PTY – Political Part	ommittee PTY or SCC) business en
Net change this period. (Subtract Line Enter the net here and on the Summar				NET \$ _	-100.00 (May be a negative number)		SCC - Small Contril	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.			*	FPPC	Toll-Free Helpl	FPPC Form	460 (Januar) C (866/275-3

Type or print in ink. Schedule B - Part 2 Statement covers period **CALIFORNIA** Amounts may be rounded **Loan Guarantors** 10/1/12 to whole dollars. **FORM** from _ · Parisaha district. · ANDON Page ____ 10/20/12 through _ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Erick Stonebarger for City Council 2012 1290210 IF AN INDIVIDUAL, ENTER AMOUNT ----- FULL NAME, STREET ADDRESS AND CUMULATIVE CONTRIBUTOR OCCUPATION AND EMPLOYER ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) LOAN **GUARANTEED** TO DATE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CODE THIS PERIOD CALENDAR YEAR LENDER □IND COM PER ELECTION □oтн DATE (IF REQUIRED) □ PTY □scc CALENDAR YEAR DIND LENDER ПСОМ **PERELECTION** Потн DATE (IF REQUIRED) □ PTY □scc CALENDAR YEAR □IND LENDER □coм PER ELECTION (IF REQUIRED) □OTH DATE □ PTY

SCC

☐IND

□ОТН

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

CALENDAR YEAR

PERELECTION

(IF REQUIRED)

Enter on Summary Page

Line 17 only.

LENDER

DATE

SUBTOTAL \$

13

BALANCE

OUTSTANDING

TO DATE

of_

Type or print in ink Schedule C Amounts may be rounded **Nonmonetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA** 10/1/12 from granger. 10/20/12 through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Erick Stonebarger for City Council 2012 1290210 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER RECEIVED VALUE (IE REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER). (JAN 1 - DEC 31) NAME OF BUSINESS) []COM □oтн □PTY SCC ПСОМ □отн □PTY □ SCC □IND COM ПОТН **□PTY** □scc □IND □COM □OTH □PTY ☐SCC SUBTOTAL \$ Attach additional information on appropriately labeled continuation sheets. **Schedule C Summary** *Contributor Codes

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) 2. Amount received this period – uniternized nonmonetary contributions of less than \$100\$ 3. Total nonmonetary contributions received this period.

IND -- Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party SCC - Small Contributor Committee

FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedul Summary of Expenditures Supporting/Opposing Other Candidates Measures and Committees

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	 A	mounts	may	be	round	ed

Warning 182	SCHEDULET
Statement covers period 10/1/12	CALIFORNIA 460
10/20/12	8 13

Candidates: Measures and Committees		to whole do	trom	/ 1 2	FOR	M		
		_ 3_ 300 300 300 300 300 300 300 300 300	10/2		8 13			
SEE INSTRUCTION	ONS ON REVERSE	1-2-12	114 (114)	through		Page	of	T
NAME OF FILER Erick Ston	ebarger for City Council 2012					1.D. NUMB 1290210		<u></u>
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, MEASURE NUMBER OR LETTER AND JURISDICT OR COMMITTEE	I RIFE OF FATIVIENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN 1-1	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
-	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
SUBTOTAL \$								

Schedule	D Summary	
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1.	Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	
2.	Unitemized contributions and independent expenditures made this period of under \$100\$	
3.	Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$	0

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

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	- 4			SCHEDULE
Statem	nent covers period :		ORNIA RM	460
through	10/20/12	Page _	9	13 of
·		1.D. NUI 12902		

Erick Stonebarger for City Council 2012						12902	
CNS campaign consultants MTG me contribution (explain nonmonetary)* OFC off CVC civic donations PET pe FIL candidate filing/ballot fees PHO ph fundraising events POL po independent expenditure supporting/opposing others (explain)* POS po processor PRO pr	ember comrectings and fice expensitition circulation circulation banks of the stage, deliverselvers.	nunications appearan ses ating urvey rese very and n	ces	RAD RFD SAL TEL TRC TRS	radio airtime and preturned contributi campaign workers t.v. or cable airtime candidate travel, lo staff/spouse travel transfer between voter registration	oroduction costs ions or salaries————————————————————————————————————	is me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Erick Stonebarger Brentwood, CA 94513		СМР					323.36
		, a.			Adhara		
			Sahadula D			CURTOTAL	
* Payments that are contributions or independent expenditures must also	De summa	arized on	Schedule D.			SUBTOTAL	-
1. Itemized payments made this period. (Include all Schedule E subtota 2. Unitemized payments made this period of under \$100	 e B, Part ′	1, Colum	ı (e).)			\$ <u></u>	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here	aliu on u	ie OuiiII.	ary Lage, Colu	IIII A, LIIIC U	.,		

	n			_	EDULI		
Semedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.	led	Statement cove	ers period C7	california 460		
SEE INSTRUCTIONS ON REVERSE		dites see	through	/20/12 P	10 13 age of		
NAME OF FILER Erlek Stonebarger for City Council 2012			•	L	NUMBER 2902 10		
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey resipostage, delivery and PRO professional services (PRT print ads	earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwe	and production costs ributions kers' salaries rtime and production el, lodging, and meals ravel, lodging, and meen committees of the	s eals e same candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	<u> </u>	\$	\$		

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

Paveners wade by an Agent or Independent Amou	ype or print in ink. unts may be rounded to whole dollars.	from	10/1/12	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		thro	10/20/12 ugh	11 13 Page 113
NAME OF FILER Erick Stonebarger for City Council 2012			through 10/20/12 hrough 10/20/12 11 Page 1.D. NUMBER 1290210 1290210 1290210 1290210 1290210 1290210 1290210 1290210 1290210	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
CODES: If one of the following codes accurately describes the payment	t you may enter th	e code Otherwise	describe the payment	
CTB contribution (explain nonmonetary)* OFC office expections of the contribution (explain nonmonetary)* OFC office expectition of the contribution of the contributio	and appearances penses irculating inks id survey research delivery and messenger nal services (legal, acco	RFD SAL TEL TRC TRS services TSF punting) VOT	returned contributions campaign workers' salaries t.v. or cable airtime and produc candidate travel, lodging, and r staff/spouse travel, lodging, an transfer between committees over registration	ction costs meals id meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION	OF PAYMENT	AMOUNT PAID
		Commence of the Commence of th		
	-			
Attach additional information on appropriately labeled continuation sheets.				TOTAL* \$ 0

^{*}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

	Many .		Article of the second of the s		The state of the s			11		PROJECT
- Estate	Schedule H Loans Made to Others*	- A	pp.cs.	Amounts m	print in ink. ay be ro vinded le dollars		Statement con 10 from	vers period /1/12	CALIFORN FORM	SCHEDULE H
	SEE INSTRUCTIONS ON REVERSE		-	-			1(through	0/20/12	Page 12	13 of
games topological to	NAME OF FILER								I.D. NUMBER	
	Erick Stonebarger for City Cour	icil 2012	a material description of the Control of the Contro						1290210	
	FULL NAME, STREET ADDRESS AND ZI OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBE		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT FORGIVENES THIS PERIO	SS CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
					1 - 20 000000	☐ PAID				CALENDAR YEAR
- ×		A 10'00 NO TORROSON			and the second declaration of the second dec	\$FORGIVEN	s	RATE	\$	\$PER ELECTION**
				\$	s	\$	DATE DUE	\$	DATE INCURRED	s
				4-1-		☐ PAID				CALENDAR YEAR
						\$FORGIVEN	\$	RATE %	s	PER ELECTION**
				\$	s	s	DATE DUE	\$	DATE INCURRED	\$
	*Loans that are contributions to anot must also be summarized on Schedu also be reported on Schedule E.			SUBTOTALS	\$	\$	\$	\$		
	Zana zana zana zana zana zana zana zana							(Enter (e) on Schedule I, Line 3)		
	Schedule H Summary									
	Loans made this period (Total Column (b) plus unitemize		of less than \$100.)				\$		_	**If Required
	Payments received on loans (Total Column (c) plus unitemi:				AND AND AND A STATE OF THE AND ADDRESS OF THE AND ADDRESS OF THE A		\$	• Awar - **p* = 3.00, 00000		\$10000000 ATTO ATTO ATTO ATTO ATTO ATTO AT
-	3. Net change this period. (Subt						NET \$	O ay be a negative number		ada atalan sa amadamahkan 1988-1989

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.	Statement covers period 10/1/12 from 10/20/12 through	CALIFORNIA FORM Page 13
Erick Stonebarger for C	ity Council 2012	end the second		(0 NUMBER 1290210
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CA
		- 1		
Attach additional informa	ation on appropriately labeled continuation sheets.		SUBTOTA	AL\$
Schedule I Summar	***************************************			
*	cash this period.			
	s to cash of under \$100 this periodeived this period on loans made to others. (Schedu	•		****